

D.C. COURTS' CHILDCARE CENTER

500 INDIANA AVE., NW, C-185
WASHINGTON, D.C. 20001
(202) 879-1759

SARA LUCAS, DIRECTOR

JEANETTE WALKER, ASST. DIRECTOR

REGISTRATION FORM

CHILD'S NAME:	DOB and AGE:
ADDRESS:	PHONE NUMBER:
PERSON TO NOTIFY IN CASE OF AN EMERGENCY:	PHONE NUMBER:
ADDRESS:	RELATIONSHIP TO CHILD:

BUSINESS WITH THE COURT:

() DEFENDANT () PLAINTIFF () POLICE OFFICER - BADGE NO. _____

() JUROR - BADGE NO. _____ () WITNESS () OTHER: _____

COURTROOM NO.:	ROOM/OFFICE NO.:
----------------	------------------

PLEASE READ THE FOLLOWING AND CHECK THE BOXES:

- () I understand the center closes at 5:00 p.m. I will make arrangements for my child to be picked up by 5:00 p.m.
- () I understand that the center does not furnish lunch for this child; it is my responsibility to provide lunch outside the center.
- () I hereby certify that this child is in good health and free of communicable disease.
- () I hereby certify that this child has been seen by a doctor within the past year.
- () I hereby agree the *Child Care Center of the Superior Court* shall not be responsible for accident, loss of personal property or other liability regarding this child when the child is left at the center.
- () I hereby agree that should any accident, illness or injury occur, my child may be treated at the nearest hospital and/or D.C. Courts Health Unit.
- () I hereby certify that this child is at least two years old (24 months) and toilet trained.
- () In case of a building evacuation, I will pick up this child at 4th and C Streets, N.W. John Marshall Plaza between the Canadian Embassy and U.S. District Courthouse. In inclement weather, I will pick up the child in the Lobby of building A, 515 – 5th Street, NW.
- () A current Immunization record is required on your second visit to the center.

SECURED PROTECTION IS NOT PROVIDED IN CUSTODY DISPUTES.

PRINT NAME/RELATIONSHIP TO THE CHILD:	SIGNATURE:	DATE:
---------------------------------------	------------	-------

TIME IN: _____

TIME OUT: _____